

Application Data Sheet

APPLICATION INFORMATION

Application Type:: Regular
Subject Matter:: Utility
Title:: Hydro-Lifter Rock Bit
With PDC Inserts
Attorney Docket Number:: 1030-20003
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 22
Small Entity?:: No

APPLICANT INFORMATION

Applicant Authority type:: Inventor
Primary Citizenship
Country:: US
Given Name:: Amardeep
Family Name:: Singh
Name Suffix::
City of Residence:: Houston
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: 3131 Timmons Lane, #703
City of mailing address:: Houston
State or Province of
mailing address:: TX
Country of mailing
address:: US
Postal or Zip Code of
mailing address:: 77027

Applicant Authority type:: Inventor
Primary Citizenship
Country:: US
Given Name:: Quan V.
Family Name:: Nguyen
Name Suffix::
City of Residence:: Houston
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: 18114 E. Hardy Rd.
City of mailing address:: Houston
State or Province of
mailing address:: TX
Country of mailing
address:: US
Postal or Zip Code of
mailing address:: 77073

Applicant Authority type:: Inventor

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Primary Citizenship

Country:: US
Given Name:: Sujian
Family Name:: Huang
Name Suffix::
City of Residence:: The Woodlands
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: 95 E. Sterling Pond Cr.
City of mailing address:: The Woodlands
State or Province of mailing address:: TX
Country of mailing address:: US
Postal or Zip Code of mailing address:: 77382

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23505
Name:: Robert Gray
CONLEY, ROSE & TAYON, P.C.
Street of mailing address:: P.O. Box 3267
City of mailing address:: Houston
State or Province of mailing address:: TX
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Phone number:: 713-238-8000
Fax number:: 713-238-8008
E-Mail address:: Rgray@crtlaw.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23505

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/589,260	06/07/2000

ASSIGEE INFORMATION

Assignee name::
Street of mailing address::
City of mailing address::
State or Province of
mailing address::
Country of mailing
address::
Postal or Zip Code of
mailing address::

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